Ru	ective January 1, 20	003,	RD	•		ocket Num	ber
CLAIMS	AS FILED - PART. (Column 1)	(Column 2)	SMAI TYPE	LENTITY	OR	OTHER SMALL	
TOTAL CLAIMS	18		RA	TE FEE		RATE	
FOR	NUMBER FILED	NUMBER EXTRA	BAS	C FEE 375.0	Σ. OR	BASIC FEE	75
TOTAL CHARGEABLE CLAIM	15 minus 20=		XS	9=.	OA	X\$18=	
INDEPENDENT CLAMS	3 minus 3 =		X4	2=	OR	X84=	
MULTIPLE DEPENDENT CLAIM	PRESENT		- 4	10-2	ÖR		3.5
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CLAIMSA		inn 2) - (Column 3)	SM	ALL ENTIT	Y OR		
CLAIMS		HEST HEER PRESENT		ADE		RATE	á
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